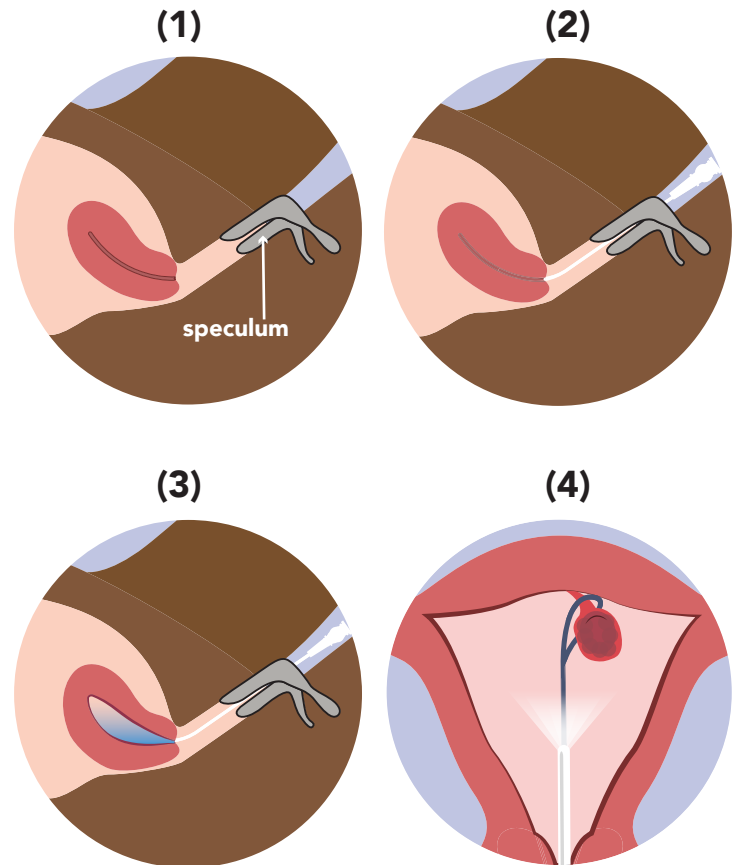


**Hysteroscopy is a minimally invasive procedure that allows your doctor to see inside the uterus.**

A *hysteroscope* is a slender telescope instrument with a camera and light attached. It is inserted through the vagina, past the cervix, and into the uterus. Most hysteroscopies are done while patients are asleep. However, some procedures can be offered while patients are awake and are done in the clinic setting.

## How Hysteroscopy is Completed

- (1) Your gynaecologist will use a weighted speculum (a similar instrument to that used during Pap tests) to look inside the vagina and visualize the cervix.
- (2) Once the cervix is identified, it will be dilated with small instruments to the size of the hysteroscope.
- (3) The hysteroscope is advanced past the cervix and sterile fluid is used to distend the uterine cavity to assist with visualization during the procedure.
- (4) Images are usually transmitted to a screen. Many hysteroscopes carry a small instrument that can be used to biopsy or resect uterine tissue such as polyps or submucosal fibroids.



## Different Types of Hysteroscopy

### Diagnostic Hysteroscopy

Hysteroscopy can be diagnostic. In other words, it allows the gynaecologist to see inside the uterus to find or rule out an abnormality.

### Operative Hysteroscopy

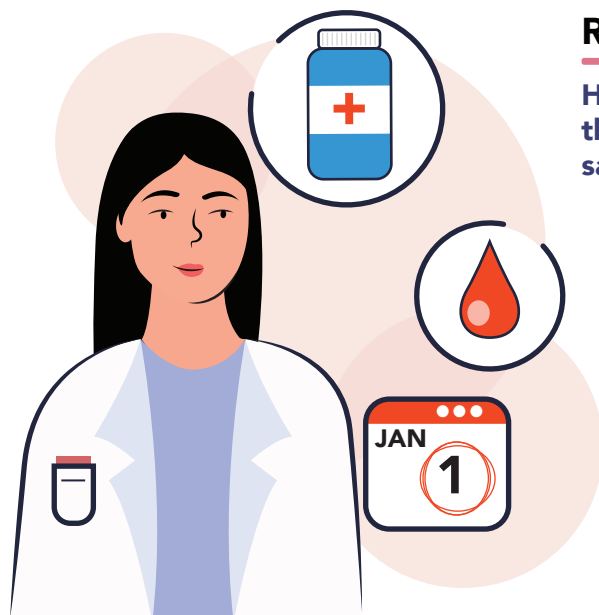
Operative hysteroscopy is performed when the goal of the procedure is to cauterize, biopsy, or remove tissue at the time of surgery. It can be performed for a variety of conditions:

- Ablation (cauterizing) of endometrium
- Removal of endometrial polyps
- Removal of submucosal fibroids
- Removal of retained products of conception
- Retrieval of embedded IUDs
- Release of intrauterine adhesions
- Removal of a uterine septum

## Risks of Hysteroscopy

Although hysteroscopy is generally a safe procedure, it does carry some risks:

<b>Bleeding</b>	This most commonly happens because of bleeding from the surgical site, but can be due to a cut on the cervix or from uterine perforation. Depending on the location and cause of the bleeding, your surgeon will use different methods to stop it.
<b>Infection</b>	This occurs in under 1% of cases and is usually managed with antibiotics.
<b>Excess Fluid Absorption</b>	This can occur when too much sterile fluid, that is used to distend the uterus, is absorbed by the body. It can cause low sodium levels in the blood. The effects are usually mild but at times can require treatment and/or hospital stay to correct the sodium levels.
<b>Injury to the Cervix</b>	A cut on the cervix (laceration) can occur during any part of the procedure. If this occurs, the surgeon will repair the cervix with stitches.
<b>Uterine Perforation</b>	An inadvertent injury to the muscular wall of the uterus can create a small hole. In this case, the hysteroscope passes through the uterine wall into the abdominal cavity. It occurs in 0.1% of diagnostic hysteroscopy cases and 1% of operative hysteroscopies. Some patients may be at higher risk.
<b>Damage to Surrounding Structures</b>	A uterine perforation may result in <i>injury to bowel, bladder and blood vessels</i> . These injuries may require a laparoscopy or a larger incision on the abdomen to explore and repair any injury to these structures.



## Recovery From Hysteroscopy

**Hysteroscopy does not usually require an overnight stay in the hospital. Patients are typically discharged home on the same day and are able to carry out usual activities.**

- Lower abdominal cramping can persist for 1-2 days. Acetaminophen and an anti-inflammatory medication such as Ibuprofen is usually enough for pain control.
- Minimal bleeding or spotting is normal and expected post-procedure. This should stop within a week.
- Avoid vaginal intercourse, use of tampons, and taking baths until the bleeding has subsided. Showers are okay anytime after the procedure.
- Your gynaecologist will see you after your surgery at a follow-up appointment.

### References

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2. Aydeniz B, Gruber IV, Schauf B, Kurek R, Meyer A, Wallwiener D. A multicenter survey of complications associated with 21,676 operative hysteroscopies. Eur J Obstet Gynecol Reprod Biol. 2002 Sept; 104(2): 160-164.

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Shishkina A, Lim J, Uzelac A, Shirreff L